

Quick reference guide: RCR and amend-RCR submission

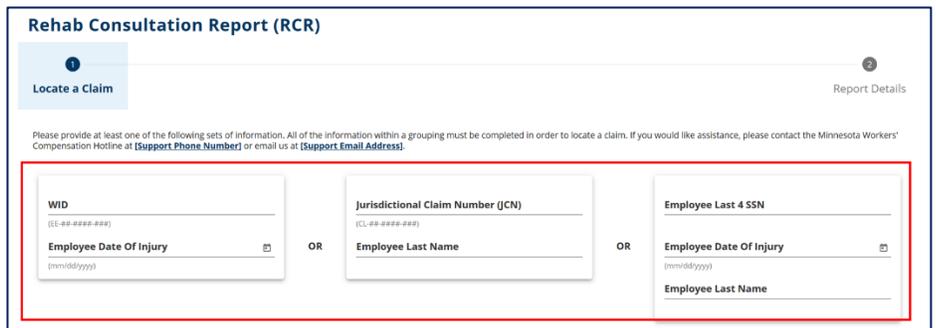
Work Comp Campus will be used to electronically file documents that were previously filed via paper. Users are able to file RCRs and amended RCRs electronically in Campus.

1. Click **Submit a Filing** in the drop-down menu on the dashboard.
2. Select **Rehab Consultation Report**.

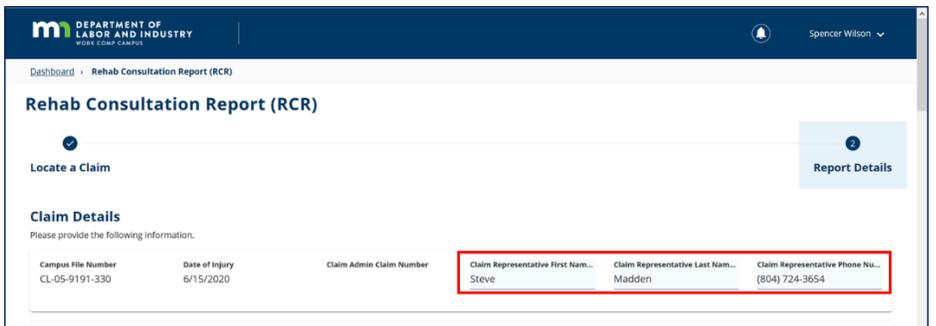


3. Enter the information in one of the three boxes to locate the claim you are filing for.

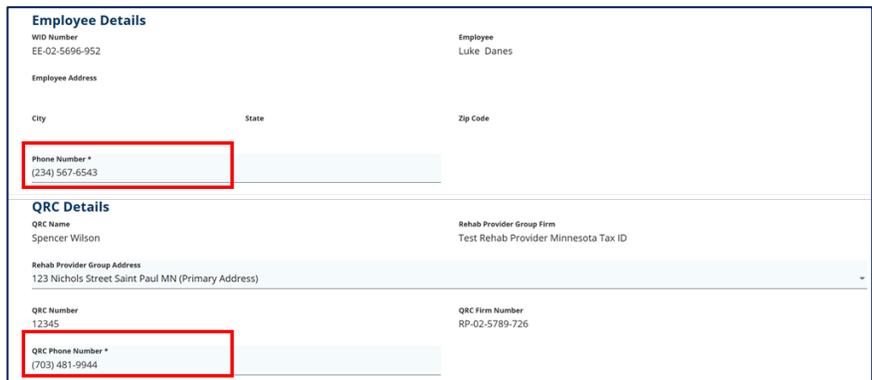
*If a matching claim is not found, you will be prompted to enter additional information about the claim to proceed with the RCR filing.



4. Enter the information for the **Claim Representative**.



5. Enter all required information, marked with an asterisk.



- Answer all of the questions in the **Qualification Details** section.
- Provide a narrative by typing in the **Narrative Report** field or uploading a document.
- Upload the **Rights and Responsibilities** document.

Qualification Details

In my opinion, the employee is permanently precluded or likely to be permanently precluded in engaging from the employee's usual and customary occupation or from engaging in the job the employee held at the time of injury.

No Yes

In my opinion, the employee is reasonably expected to return to suitable gainful employment with the date-of-injury employer.

No Yes

In my opinion, the employee is reasonably expected to return to suitable gainful employment through the provision of rehabilitation services, considering the treating physician's opinion on the employee's work ability.

No Yes

I have consulted with the date-of-injury employer regarding the above issues.

No Yes

Eligibility Statement

In my opinion the employee is a qualified employee and eligible for rehabilitation services at this time according to Minn. Rules 5220.0100, subp.22

In my opinion the employee is not a qualified employee and is not eligible for rehabilitation services at this time according to Minn. Rules 5220.0100, subp.22

The parties have informed me that they wish to initiate statutory rehabilitation services at this time

Narrative Report

Please provide a Narrative either by filling out the field below or attaching a document in the provided attachment section

Narrative Report *

+ Upload Document

File Name	File Type	Description	Remove
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Rights and Responsibilities

The Rights and Responsibilities must be received by the Department of Labor and Industry prior to closing the rehab case

+ Upload Document

- Select who should be served the RCR.

*The table will allow you to choose from parties on the claim. To serve the document to someone not listed, click the **+ Add Service Recipient** button.

- Check all required boxes and fill in the remaining required fields.

*The name entered must exactly match the name on your Campus profile.

- Submit the form.

Affidavit of Service

Parties

Select the parties to serve below. You may update service addresses for parties served via mail. Click the Add Service Recipient button to add parties to the service list.

+ Add Service Recipient

Serve Party	Name	Role	Address	Service Method	Service Date
<input checked="" type="checkbox"/>	Luke Danes	Employee		Electronic	8/4/2020
<input type="checkbox"/>	Darth Vader	Administrator	DLITestExt1+general15@gmail.com	None	
<input type="checkbox"/>	Forrest Gump	Other Representative	dlitestext1+general2@gmail.com	None	
<input checked="" type="checkbox"/>	The Paint Store	Employer		Electronic	8/4/2020

Notice

Upon clicking Submit, Campus will:

- Create and merge an Affidavit of Service with your filed document
- Send an email to all parties who receive service via Campus

To serve parties by mail you must print a copy of the filed document and your Affidavit of Service.

Declaration

declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116

Electronic Signature

Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the en Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

Full Name of Signatory *

understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my

Initial Rehab Consultation Date *

(mm/dd/yyyy)

Submit Form Back Save as Draft Download PDF Preview Cancel

Submitting an amended RCR

- Go to your **My Rehab Cases** queue.
- Click on a **Rehab Transaction ID**.

My Queues

My Claims My Disputes My Forms **My Rehab Cases** My SCF Assessment Reports

Rehab Transaction ID	Employee	Associated Claim ID	Insurer	QRC	Initial Rehab Consultation Date	Date of Injury	Status
RT-07-1508-003	Craig Robinson	CL-05-9191-531		Spencer Wilson	7/11/2020	6/11/2020	Open
RT-07-1509-474	Greg Maddox	CL-05-9705-715		Spencer Wilson	7/8/2020	6/4/2020	Open
RT-07-1510-234	Greg Maddox	CL-05-9705-715		Spencer Wilson	7/19/2020	6/4/2020	Open
RT-07-2607-391	Luke Danes	CL-05-9191-330		Spencer Wilson	1/1/2001	6/15/2020	Open

- Click **R-form Detail** in the top right of the **Rehab Transaction Details** page.

- Click on the RCR, then select **Amend** and click **Next**.

- Enter any information you would like to amend or in the required fields, marked with an asterisk.

- Select whether you would like to distribute the document. If **Yes**, you can select from the lists of users who can be served electronically or manually.

- Attest to the form and electronically sign it.

- The amended RCR has now been filed.

Helpful tips

- All R-forms can be submitted from the **R-form Details** modal on the **Rehab Transaction Details** page.
- Campus will not allow certain R-forms to be submitted if previously required R-forms have not yet been submitted.
- A record of all forms submitted can be found in your **My Forms** queue on the dashboard.